



## WYOMING LIQUOR LICENSEE MAILING LIST REQUEST FORM

	<b>FEE</b>	<b>PACKAGE OPTIONS</b>
	<b>\$15.00</b>	<b>ELECTRONIC FORMAT-ONE TIME REQUEST</b>
	<b>\$30.00</b>	<b>PAPER FORMAT-ONE TIME REQUEST</b>
	<b>\$30.00</b>	<b>ONE COPY OF ELECTRONIC FORMAT AND MONTHLY EMAIL UPDATES-YEARLY SUBSCRIPTION</b>
		<b>SUBSCRIPTION TERM: FROM ____/____/____ TO ____/____/____</b>
		<b>*PLEASE SELECT ALL THAT APPLY AND SUBMIT THE APPROPRIATE FEE WITH YOUR REQUEST*</b>

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **REQUESTED BY :** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PURPOSE OF REQUEST:** \_\_\_\_\_

<u>FORMAT</u>	<u>MEDIA</u>	<u>DELIVERY METHOD</u>
PDF _____	ELECTRONIC _____	EMAIL _____ FAX _____
EXCEL 2007 SPREADSHEET _____	ELECTRONIC _____ PAPER _____ CD _____	EMAIL _____ FAX _____ POSTAL _____
WORD 2007 DOCUMENT _____	ELECTRONIC _____ PAPER _____ CD _____	EMAIL _____ FAX _____ POSTAL _____

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**ACCEPTED FORMS OF PAYMENT:**

CASH, CHECK, CASHIERS CHECK, MONEY ORDER

**MAKE PAYMENT TO:**

WYOMING LIQUOR DIVISION

**REMIT PAYMENT TO:**

WYOMING LIQUOR DIVISION  
ATTN: COMPLIANCE DEPARTMENT  
6601 CAMPSTOOL ROAD  
CHEYENNE, WY 82002-0110

**FOR LIQUOR DIVISION USE ONLY**

**Date processed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Processed by:** \_\_\_\_\_

**Sent via:** EMAIL \_\_\_\_\_ FAX \_\_\_\_\_ POSTAL \_\_\_\_\_

**Received:** Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Amount:** \$ \_\_\_\_\_

**Date payment processed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Processed by:** \_\_\_\_\_

**Control #:** \_\_\_\_\_